PART B - FEE(S) TRANSMITTAL

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•Gomplete and send t	his form, together wi	W \			Mail Stop ISSUE Commissioner fo P.O. Box 1450 Alexandria, Virg	or Patents	
	SEP 21	ואָל	or]	<u>Fax</u>	(571) 273-2885		
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23373 7590 07/29/2005					have its own certificate of mailing or transmission.		
SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, N.W. SUITE 800 WASHINGTON, DC 20037					I hereby certify that the States Postal Service v	rtificate of Mailing or Trans nis Fee(s) Transmittal is bein with sufficient postage for fir I Stop ISSUE FEE address TO (571) 273-2885, on the o	g deposited with the United st class mail in an envelope
23/2005 MBEYENE2 00000149 10035137					(Depositor's name)		
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APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/035,137	01/04/2002	Masaki Kurihara			·	Q67940	3139
TITLE OF INVENTION: POSITIVE PHOTORESIST COMPOSITION ustment date: 09/23/2005 HBEYENE2 17/2004 AADDFD2 00000139 10035137 FC:1501 -1330.00 DP							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PU	JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$70			\$0	\$70	10/31/2005
EXAMINER		ART UNIT		CI	ASS-SUBCLASS	J	
CHU, JOHN S Y		1752			430-191000	<u> </u>	
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list CFR 1.363).							
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,				
Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	RESIDENCE DATA TO B			-	· • ·		
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(A) NAME OF ASSIGN	EE	(E) RESIDENC	CE: (CIT	Y and STATE OR CO	UNTRY)	
токуо онка к	COGYO CO., LTD.		Kanagawa	a, Ja	ipan		
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the p	atent):	☐ Individual ☐ C	orporation or other private gr	oup entity Government
4a. The following fee(s) are Issue Fee	41	4b. Payment of Fee(s):					
Publication Fee (No small entity discount permitted) Advance Order - # of Copies			A check is attached for the NOA Fees payment. Please charge any payment deficiency and credit overpayment to PODA 19-4880. A duplicate copy of this form is attached.				

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Authorized Signature Suck . Com

Date 9/21/05

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Bruce E. Kramer Registration No. 33, 7

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5. Change in Entity Status (from status indicated above)

Typed or printed name

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

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